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|  | INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY | |
| | Tool: Notifications for Administrative Reviews and Appeals | Effective Date: May 1, 2020 |
| | Reference: 2.C (Policies 2.2 Administrative Review Process , 2.3 Child Care Workers Assessment Review Process , 2.4 Assessment and Review of DCS Staff Alleged Perpetrators) | Version: 2 |

Instructions: This tool is to be used by a Department of Child Services (DCS) employee authorized to notify an alleged perpetrator (i.e., DCS employee, Child Care Worker [CCW], and/or a licensed resource parent) and/or an employer regarding an assessment conclusion by DCS. Language from the appropriate appendix should be inserted into a letter that includes the name and address of the person to whom it is being sent. The letter should be signed by an authorized DCS employee and sent by mail or hand delivered with proper attachments.

| Appendix and Form Name | Overview: |
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| Appendix A: Notification of Assessment Outcome and Right to Request Administrative Review | Used to notify a perpetrator (NOT a licensed resource parent, Child Care Worker [CCW], or DCS employee) that one (1) or more of the allegations against him or her have been substantiated. |
| Appendix B: Notification of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse and/or Neglect | Used to notify a perpetrator (NOT a licensed resource parent, CCW, or DCS employee) that substantiated allegations were unsubstantiated following administrative review (including a DCS decision to unsubstantiate following further assessment). |
| Appendix C: Notification of Administrative Review Decision Report Returned for Further Assessment | Used to notify a perpetrator (NOT a licensed resource parent, CCW, or DCS employee) that an assessment is being returned for further assessment following an administrative review. |
| Appendix D: Notification of Administrative Decision After Further Assessment | Used to notify a perpetrator (NOT a licensed resource parent, CCW, or DCS employee) that an assessment report that was previously returned for further assessment has been completed and the substantiation upheld. |
| Appendix E: Notification of Denial of Administrative Review | Used to notify a perpetrator (NOT a licensed resource parent, CCW, or DCS employee) that his or her request for administrative review is denied. |
| Appendix F: Notification of Intent to Substantiate Allegations of Child Abuse and/or Neglect (CA/N) by a Child Care Worker (CCW) or Licensed Resource Parent | Used to notify a CCW or licensed resource parent when DCS intends to approve the substantiation against him or her and notify him or her of the date, time, and location of the administrative review that will occur prior to the final approval of the decision. |
| Appendix G: Notification of Administrative Review Decision to Further Assess Allegations Against a Child Care Worker (CCW) or Licensed Resource Parent | Used to notify a CCW or licensed resource parent that the assessment is being returned for further assessment following administrative review. |

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| <u>Appendix H:</u> Notification of DCS Decision to Unsubstantiate Allegations of Child Abuse and/or Neglect (CA/N) | Used to notify an alleged perpetrator, who is a licensed resource parent or CCW, when allegations have been unsubstantiated (including the DCS decision to unsubstantiate following further assessment). |
| <u>Appendix I:</u> Notification to Employer of a Report of Child Abuse and/or Neglect (CA/N) | Used to notify an employer when allegations against an employee have been substantiated. This language is also used to update an employer when allegations against the employee are subsequently unsubstantiated. |
| <u>Appendix J:</u> Notification of a Child Care Worker (CCW) Assessment Review Decision for an Assessment Closed Prior to October 15, 2006 | Use the following language <u>only</u> for allegations substantiated prior to October 15, 2006, to notify a CCW who is an alleged perpetrator of the results of agency review completed as a courtesy after the CCW requested agency review of the decision to substantiate. |
| <u>Appendix K:</u> Notification of an Administrative Review Decision for an Assessment Closed Prior to October 15, 2006 | Use the following language <u>only</u> for allegations substantiated prior to October 15, 2006, to notify a licensed resource parent of the agency review decision completed prior to denial or revocation of a foster home licensed based on the substantiation. |
| <u>Appendix L:</u> Notification of Assessment Outcome for a Department of Child Services (DCS) Employee | Used to notify a DCS employee that he or she has been substantiated against and an administrative review will be conducted. |
| <u>Appendix M:</u> Notification of Deadline to Reactivate Administrative Review or Appeal Request | Use the following language when: (1) An alleged perpetrator requested administrative review or appeal prior to 10/1/2010, AND (2) The request was stayed due to pending criminal charges or a pending Child in Need of Services (CHINS) case by a DCS local office or Regional Manager (RM), AND (3) a denial under Appendix E of this tool is not applicable, AND (4) The stay has not yet been lifted and the original request addressed. |
| <u>Appendix N:</u> Notification of Administrative Review Outcome for a Department of Child Services (DCS) Employee | Use following an administrative review to notify a DCS employee that the case is being returned for further assessment or the allegations have been unsubstantiated. |

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|  | INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY |
| | Appendix A: Notification of Assessment Outcome and Right to Request and Administrative Review (Policy 2.1 Notice of Assessment Outcome) |

Instructions: Use the following language to notify an alleged perpetrator (**NOT** a licensed resource parent, child care worker [CCW], or DCS employee) that one (1) or more allegations against himself or herself have been substantiated. See [Policy 2.1 Notice of Assessment Outcome](#) for more information.

Date mailed or hand delivered: (*insert date*)

NOTICE OF ASSESSMENT OUTCOME AND RIGHT TO REQUEST AN ADMINISTRATIVE REVIEW

The Indiana Department of Child Services (DCS) has conducted an assessment regarding a report of child abuse and/or neglect. DCS classified the following allegations in assessment (*insert assessment number*), approved on (*insert date*) against:

(*Insert name of alleged perpetrator*)
 (*Insert address of alleged perpetrator*)

| Substantiated Allegation | Victim |
|--------------------------|---|
| Physical Abuse: | (<i>Insert initials of each victim or enter None</i>) |
| Sexual Abuse: | (<i>Insert initials of each victim or enter None</i>) |
| Neglect: | (<i>Insert initials of each victim or enter None</i>) |

| Unsubstantiated Allegation | Victim |
|----------------------------|---|
| Physical Abuse: | (<i>Insert initials of each victim or enter None</i>) |
| Sexual Abuse: | (<i>Insert initials of each victim or enter None</i>) |
| Neglect: | (<i>Insert initials of each victim or enter None</i>) |

A summary of the DCS decision is attached (see [Assessment of Alleged Child Abuse and/or Neglect \[SF 113\] \[311\]](#)).

You have the right to request an administrative review of a DCS decision to substantiate an allegation. To do so, you must complete and submit the attached form, [Request for Administrative Review of Child Abuse or Neglect Substantiation \(SF 54775\)](#). Your request must be submitted to DCS within 15 calendar days from the postmarked date of this letter or hand delivery (plus an additional three [3] calendar days if received by U.S. mail). The attached form includes instructions and a summary of the administrative review process.


Note: If DCS records indicate the person identified as a perpetrator is under the age of 18, a copy of this notice is being sent to the person's parent, court appointed guardian, or other legal representative. Any request for an administrative appeal by a person under the age of 18, must be signed by the minor person's parent, court appointed guardian, or legal representative.

If you have any questions, please contact the DCS local county office:

(*Insert County Name*) Department of Child Services
(*Insert DCS county office address*)
(*Insert DCS local office phone number*)

Attachments:

[Assessment of Child Abuse and/or Neglected \(SF 113\) \(311\)](#) – Approved
[Request for Administrative Review of Child Abuse/Neglect Substantiation \(SF 54775\)](#)

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|  | INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY |
| | Appendix B: Notification of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse and/or Neglect (CA/N) (Policy 2.2 Administrative Review Process) |

Instructions: Use the following language to notify a perpetrator (**NOT a licensed resource parent, child care worker [CCW], or DCS employee**) that previously substantiated allegations were unsubstantiated following administrative review (including a DCS decision to unsubstantiate following further assessment). See [Policy 2.2 Administrative Review Process](#) for additional information.

Date mailed or hand delivered: (*insert date*)

NOTICE OF ADMINISTRATIVE REVIEW DECISION TO UNSUBSTANTIATE ALLEGATIONS OF CHILD ABUSE AND/OR NEGLECT

The Indiana Department of Child Services (DCS) in (*insert local county office*) has classified child abuse and/or neglect allegations as substantiated in assessment (*insert assessment number*), approved on (*insert date*) against:

(*Insert name of alleged perpetrator*)
 (*Insert address of alleged perpetrator*)

Because you were identified as a perpetrator, you were notified of the classification. This letter is in response to your request for an administrative review of the DCS assessment decision to substantiate the allegations against you. DCS has reversed and reclassified the following allegations against you as **UNSUBSTANTIATED**.


Note: If DCS records indicate that the person identified as a perpetrator is under the age of 18, a copy of this notice is being sent to the person's parent, court appointed guardian, or other legal representative. Any request by a person under the age of 18 for administrative appeal must be signed by the minor person's parent, court appointed guardian, or legal representative.

| ALLEGATION | CHILD VICTIM |
|----------------|---|
| Physical Abuse | (<i>Insert initials of each victim or "None"</i>) |
| Sexual Abuse | (<i>Insert initials of each victim or "None"</i>) |
| Neglect | (<i>Insert initials of each victim or "None"</i>) |

The record of substantiated allegations will be removed from the Child Protection Index (CPI). A summary of the DCS assessment concerning the allegations is attached in the [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#).

You have no right to administrative appeal for any allegation classified as unsubstantiated.

Attachment: [311](#) – (including completion of the "Edits Due to Appeal" section)

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|  | <p align="center">INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</p> |
| | <p>Appendix C: Notification of Administrative Review Decision Report Returned for Further Assessment.</p> <p>(Policy 2.2 Administrative Review Process)</p> |

Instructions: Use the following language to notify a perpetrator (**NOT a licensed resource parent, child care worker [CCW], or DCS employee**) that an assessment is being returned for further assessment following an administrative review. See DCS [Policy 2.2 Administrative Review Process](#) for more information.

Date mailed or hand delivered: (*insert date*)

NOTICE OF ADMINISTRATIVE REVIEW DECISION REPORT RETURNED FOR FURTHER ASSESSMENT

The Indiana Department of Child Services (DCS) in (*insert local county office*) has classified allegations as substantiated in assessment (*insert assessment number*), approved on (*insert date*) against:


(*Insert name of alleged perpetrator*)
 (*Insert address of alleged perpetrator*)

Because you were identified as a perpetrator, you were notified of the classification. This letter is in response to your request for an administrative review of the assessment decision. DCS has returned the report to the local office for further assessment. DCS will send you a copy the updated [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) once it is complete and notify you if you have a right to administrative review once a decision has been reached.

Note: If DCS records indicate that the person identified as a perpetrator is under the age of 18, a copy of this notice is being sent to the person’s parent, court appointed guardian, or other legal representative. Any request by a person under the age of 18 for administrative appeal must be signed by the minor person’s parent, court appointed guardian, or legal representative.

You have no right to administrative review at this time.

Attachment: none

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|  | INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY |
| | Appendix D: Notification of Administrative Decision After Further Assessment (Policy 2.2 Administrative Review Process) |

Instructions: Use the following language to notify a perpetrator (**NOT a licensed resource parent, child care worker [CCW], or DCS employee**) when an assessment report previously returned for further assessment has been completed and the substantiation has been upheld. See [Policy 2.2 Administrative Review Process](#) for additional information.

Date mailed or hand delivered: (*insert date*)

NOTICE OF ADMINISTRATIVE DECISION AFTER FURTHER ASSESSMENT

The Indiana Department of Child Services (DCS) in (*insert local county office*) has classified allegations as substantiated in assessment (*insert assessment number*), approved on (*insert date*) against:

(*Insert name of perpetrator*)
 (*Insert address of perpetrator*)

Because you were identified as a perpetrator, you were notified of the classification. The report was returned for further assessment. After further assessment, the following allegations against you remain substantiated.

Note: If DCS records indicate that the person identified as a perpetrator is under the age of 18, a copy of this notice is being sent to the person's parent, court appointed guardian, or other legal representative. Any request by a person under the age of 18 for administrative appeal must be signed by the minor person's parent, court appointed guardian, or legal representative.

| ALLEGATION | CHILD VICTIM |
|----------------|---|
| Physical Abuse | (<i>Insert initials of each victim or "None"</i>) |
| Sexual Abuse | (<i>Insert initials of each victim or "None"</i>) |
| Neglect | (<i>Insert initials of each victim or "None"</i>) |

A summary of the DCS decision concerning the allegations is included in the attached [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#).

For any allegations substantiated, you have the right to request an administrative review of the decision by DCS to substantiate an allegation. To do so, you must complete and submit the attached form titled [Request for Administrative Review of Child Abuse/Neglect Substantiation \(SF 54775\)](#). Your request must be received by DCS within 15 calendar days of the date of this letter. The attached form includes instructions and a summary of the administrative view process.

If you have any questions, please contact the local DCS office (*insert office address and general office phone number*).

Attachments:

[311](#) – Approved (including completion of the “Edits Due to Appeal” section)

[Request for Administrative Review of Child Abuse/Neglect Substantiation \(SF 54775\)](#)



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Appendix E: Notification of Denial of Administrative Review

([Policy 2.2 Administrative Review Process](#))

Instructions: Use the following language to notify a perpetrator (**NOT a licensed resource parent, child care worker [CCW], or DCS employee**) when his or her request for administrative review is denied. See [Policy 2.2 Administrative Review Process](#) for additional information.

Date mailed or hand delivered: (*insert date*)

NOTICE OF DENIAL OF ADMINISTRATIVE REVIEW

The Indiana Department of Child Services (DCS) in (*insert local county office*) has classified allegations as substantiated in assessment (*insert assessment number*), approved on (*insert date*) against:

(*Insert name of perpetrator*)
(*Insert address of perpetrator*)

Because you were identified as a perpetrator, you were notified of the classification. This letter is in response to your request for an administrative review of the assessment. Your request for administrative review has been **DENIED** due to the following:

- [] Your request for review was received after the deadline for requesting a review on (*insert received date*).
- [] A court has determined that a child is a Child in Need of Services (CHINS), based on the facts presented to the court that are consistent with the facts and conclusions stated in the report; and DCS approved the substantiated report on/after the date of the court's determination on (*insert date*).
- [] A court having jurisdiction over a CHINS case has determined that:
 - [] The report of child abuse and/or neglect (CA/N) was properly substantiated; or
 - [] CA/N occurred; or
 - [] You were found by the court to be a perpetrator of CA/N.
- [] Criminal charges resulted in a conviction against you (or a court made a true finding in a juvenile delinquency [JD] case) and the facts that provided a necessary element for the conviction (true finding) also provided the basis for the substantiated report.

Note: If DCS records indicate that the person identified as a perpetrator is under the age of 18, a copy of this notice is being sent to the person's parent, court appointed guardian, or other legal representative. Any request by a person under the age of 18 for administrative appeal must be signed by the minor person's parent, court appointed guardian, or legal representative.

You have the right to request reconsideration of the denial of your request for administrative review. To do so, you must submit your request in writing, within 15 calendar days of the date this letter is mailed. You must send your request to the following address:

(Insert DCS Local Office Address)


In your request, you must state the reason you believe you are entitled to administrative review. If you do not request reconsideration, you waive any further right to administrative review or appeal of the decision.

If you have any questions, please contact:

(Insert DCS Local Office Address)
(Insert DCS Local Office Phone Number)

You have no right to an administrative appeal hearing at this time.

Attachments: none

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|  | INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY |
| | Appendix F: Notification of Intent to Substantiate Allegations of Child Abuse and/or Neglect (CA/N) by a Child Care Worker (CCW) or Licensed Resource Parent (Policy 2.3 Child Care Worker Assessment Review Process) |

Instructions: Use the following language to notify a Child Care Worker (CCW) or Licensed Resource Parent when DCS intends to approve the substantiation against him or her and notify him or her of the date, time, and location of the administrative review that will occur prior to the final approval of the decision. See [Policy 2.3 Child Care Worker Assessment Review Process](#) for additional information.

Date mailed or hand delivered: (*insert date*)

**NOTICE OF INTENT TO SUBSTANTIATE ALLEGATIONS OF CHILD ABUSE AND/OR
NEGLECT (CA/N) BY A CHILD CARE WORKER (CCW) OR LICENSED RESOURCE
PARENT**

The Indiana Department of Child Services (DCS) in (*insert local county office*) has investigated a report of suspected CA/N. DCS intends to substantiate the following allegations against:

(*Insert name of perpetrator*)
 (*Insert address of perpetrator*)

as the person responsible for the following allegations of CA/N:

| ALLEGATION | VICTIM |
|----------------|---|
| Physical Abuse | (<i>Insert initials of each victim or "None"</i>) |
| Sexual Abuse | (<i>Insert initials of each victim or "None"</i>) |
| Neglect | (<i>Insert initials of each victim or "None"</i>) |

A draft of the assessment summary [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) is attached to this notice for your convenience.

Once the assessment is approved, you will be identified as a perpetrator on the Child Protection Index (CPI). DCS may also notify your employer or an appropriate licensing agency within 48 hours of approval of the substantiated classification in assessment (*insert the assessment number*).

Because you have been identified as a Child Care Worker (CCW) or Licensed Resource Parent, before the assessment is finalized, you have the opportunity to participate in an administrative review of the decision with a DCS administrator who was not involved in making the recommendation to substantiate. This review meeting is to allow you the opportunity to respond to the allegations and give your own account of the incident. You may have an attorney or other representative take part in the meeting and you may provide written statements and

documentation. You will not be permitted to present or cross examine witnesses. The review meeting will be conducted by (*insert the name and title of administrator*) at the following date, time, and location.


(*Insert the Date and Time*)
(*Insert the Location with Address*)

The review meeting may be rescheduled for good cause. If you need to reschedule, call the person conducting the review meeting as soon as possible at (*insert phone number*).

After the review meeting, you will be notified of the DCS decision and any rights that you may have at the time to an administrative appeal hearing, if applicable. The review meeting will occur regardless of whether or not you participate. However, you will be notified of the decision whether or not you choose to attend.

You may submit information and/or participate in the administrative review meeting. You have no right to request an administrative appeal at this time.

Attachment: [311](#)

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|  INDIANA DEPARTMENT OF CHILD SERVICES | <p style="text-align: center;">INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</p> <p>Appendix G: Notification of Administrative Review Decision to Further Assess Allegations Against a Child Care Worker (CCW) or Licensed Resource Parent</p> <p>(Policy 2.3 Child Care Worker Assessment Review Process)</p> |
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Instructions: Use the following language to notify a Child Care Worker (CCW) or Licensed Resource Parent that the assessment is being returned for further assessment following administrative review. See [Policy 2.3 Child Care Worker Assessment Review Process](#) for additional information.


Date mailed or hand delivered: (*insert date*)

**NOTICE OF INTENT TO SUBSTANTIATE ALLEGATIONS OF CHILD ABUSE AND/OR
NEGLECT (CA/N) BY A CHILD CARE WORKER (CCW) OR LICENSED RESOURCE
PARENT**

This letter is to inform you of the outcome of the Child Care Worker (CCW)/Licensed Resource Parent assessment review meeting, held on (*insert date*) at (*insert location*) relating to assessment (*insert assessment number*). The meeting was conducted by (*insert name and title*). DCS records indicate that you (*insert "did" or "did not"*) participate in that meeting. The assessment and any information you submitted were carefully considered. As a result of the review, DCS has returned the report for further consideration. You will be notified of the DCS decision when the assessment is complete.

You have no right to request an administrative appeal hearing at this time.

Attachment: None

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|  | <p style="text-align: center;">INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</p> <p>Appendix H: Notification of DCS Decision to Unsubstantiate Allegations of Child Abuse and/or Neglect (CA/N)</p> <p>(Policy 2.3 Child Care Worker Assessment Review Process)</p> |
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Instructions: Use the following language to notify an alleged perpetrator, who is a licensed resource parent or Child Care Worker (CCW), when allegations have been unsubstantiated (including the DCS decision to unsubstantiate following further assessment). See [Policy 2.3 Child Care Worker Assessment Review Process](#) for additional information.

Date mailed or hand delivered: (*insert date*)

**NOTICE OF DCS DECISION TO UNSUBSTANTIATE ALLEGATIONS OF CHILD ABUSE
AND/OR NEGLECT (CA/N)**


The Indiana Department of Child Services (DCS) in (*insert county name*) county, located at (*insert address of local office*), notified you of its intent to classify allegations of child abuse and/or neglect (CA/N) in assessment (*insert assessment #*), as substantiated against:

(*Insert name of alleged perpetrator*)
(*Insert address of alleged perpetrator*)

Because you were identified as an alleged perpetrator, you were notified of the intent to substantiate. Following a review of information included in the assessment, DCS has decided to unsubstantiate the allegations. A summary of the DCS decision concerning the allegations is documented in the attached [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) form.

You have no right to administrative appeal of any allegations classified as unsubstantiated.

Attachment: [311](#)

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|  | <p style="text-align: center;">INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</p> <p>Appendix I: Notification to Employer of a Report of Child Abuse and/or Neglect (CA/N)</p> <p>(Policy 2.3 Child Care Worker Assessment Review Process)</p> |
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Instructions: Use the following language to notify an employer when allegations against an employee have been substantiated. This language is also used to update an employer when allegations against the employee are subsequently unsubstantiated. See [Policy 2.3 Child Care Worker Assessment Review Process](#) for additional information.

Date mailed or hand delivered: (*insert date*)

**NOTICE TO EMPLOYER OF A REPORT OF CHILD ABUSE AND/OR NEGLECT (CA/N)
ASSESSMENT DECISION**

This letter is to inform you that the Indiana Department of Child Services (DCS) substantiated allegations naming (*insert name of perpetrator employee*) as the person responsible for child abuse and/or neglect (CA/N).

Mark only the option that applies below:

☐ The decision to substantiate made by DCS may be subject to Administrative Appeal in accordance with applicable law.

OR


☐ As an employer, you were previously notified that the person identified above was substantiated as a result of report of CA/N assessed by DCS. This is being sent to update that information and inform you that the allegations against (*name of perpetrator employee*) have been unsubstantiated.

In accordance with confidentiality laws and rules, DCS cannot release any other information to you without a signed authorization of the individual identified as a perpetrator of CA/N, unless you are entitled to receive additional information under Indiana law. If you are a child caring institution (CCI), group home, private security facility (PSF), or licensed child placing agency (LCPA) licensed by DCS and you believe you are entitled to receive additional information you may submit your request, with supporting documentation, to the DCS Central Office Licensing Unit for consideration. Any other request for further information concerning this assessment must be directed to the DCS local office located at:

(*Insert Local County Office Name*)
(*Insert Local County Office Address*)

If this notice is addressed to a facility licensed by either DCS or the Indiana Family and Social Services Agency (FSSA), a copy of this information is also being sent to the appropriate licensing unit.

Attachment: None

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|  | <p style="text-align: center;">INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</p> <p>Appendix J: Notification of a Child Care Worker (CCW) Assessment Review Decision for an Assessment Closed Prior to October 15, 2006</p> <p>(Policy 2.3 Child Care Worker Assessment Review Process)</p> |
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Instructions: Use the following language **only** for allegations substantiated prior to October 15, 2006, to notify a Child Care Worker (CCW) perpetrator of the results of agency review completed as a courtesy after a CCW perpetrator requested agency review of the decision to substantiate. See [Policy 2.3 Child Care Worker Assessment Review Process](#) for additional information.

Date mailed or hand delivered: (*insert date*)

NOTICE OF CHILD CARE WORKER (CCW) ASSESSMENT REVIEW DECISION FOR AN ASSESSMENT CLOSED PRIOR TO OCTOBER 15, 2006.

The Indiana Department of Child Services (DCS) in (*insert local county office name*), located at (*insert address of local county office*), classified allegations as substantiated in (*insert assessment number*) (*legacy number*), approved on (*insert date of approval*) against:

(*Insert name of perpetrator*)
(*Insert address of perpetrator*)


You are/or have:

1. Defined by DCS Policy to be a CCW, and
2. Allegations substantiated against you which identified you as a perpetrator of Child Abuse and/or Neglect (CA/N) in an assessment that was closed prior to October 15th, 2006, and
3. Requested a review of the decision to substantiate in (*insert assessment number*).

This letter is to inform you of the outcome of the courtesy review. A summary of the DCS decision concerning the allegations is attached as [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#).

You have no right to administrative appeal.

Attachment: [311](#) – Approved (including completion of the “Edits Due to Appeal” section)

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|  | <p style="text-align: center;">INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</p> <p>Appendix K: Notification of an Administrative Review Decision for an Assessment Closed Prior to October 15, 2006</p> <p>(Policy 2.3 Child Care Worker Assessment Review Process)</p> |
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Instructions: Use the following language **only** for allegations substantiated prior to October 15, 2006, to notify a licensed resource parent of agency review decision completed prior to denial or revocation of a resource home license based on the substantiation. See [Policy 2.3 Child Care Worker Assessment Review Process](#) for additional information.

Date mailed or hand delivered: (*insert date*)

**NOTICE OF AN ADMINISTRATIVE REVIEW DECISION FOR AN ASSESSMENT CLOSED
PRIOR TO OCTOBER 15, 2006**

The Indiana Department of Child Services (DCS) in (*insert local county office name*), located at (*insert address of local county office*), classified allegations as substantiated in (*insert assessment number*) (*legacy number*), approved on (*insert date of approval*) against:

(*Insert name of perpetrator*)
(*Insert address of perpetrator*)


You are/or have:

1. A licensed Resource Parent or have applied to be a licensed Resource Parent, and
2. Allegations have been substantiated against you which identified you as a perpetrator of Child Abuse and/or Neglect (CA/N) in an assessment that was closed prior to October 15th, 2006, in assessment (*insert assessment number*).

This letter is to inform you of the outcome of the DCS courtesy review of the decision to substantiate. A summary of the DCS decision concerning the allegations is attached as [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#).

You have no right to administrative appeal.

Attachment: [311](#) – Approved (including completion of the “Edits Due to Appeal” section)

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|  INDIANA DEPARTMENT OF CHILD SERVICES | INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY |
| | 2.C Tool: Notifications |
| | Appendix L: Notification of Assessment Outcome for a Department of Child Services (DCS) Employee (Policy 2.4 Assessment and Review of DCS Staff Alleged Perpetrators) |

Instructions: Use the following language to notify a DCS employee that he or she has been substantiated against and an administrative review will be conducted. See [Policy 2.4 Assessment and Review of DCS Staff Alleged Perpetrators](#) for more information.


Date mailed or hand delivered: (*insert date*)

NOTICE OF ASSESSMENT OUTCOME FOR A DEPARTMENT OF CHILD SERVICES (DCS) EMPLOYEE

The Indiana Department of Child Services (DCS) substantiated allegations of child abuse and/or neglect (CA/N) against you, in assessment (*insert assessment number*), approved on (*insert date of assessment approval*). A summary of the DCS decision concerning the allegations is attached.

You will receive an administrative review of the decision. The review will be conducted by an Administrative Review Team within 15 days of the date the substantiation was approved. The review is scheduled to occur on (*insert date scheduled for administrative review*). You may submit appropriate information for consideration during the review. In order for that information to be considered, you must submit it by close of business on (*insert date before date of scheduled administrative review*) to (*insert designated email address and contact person's name*). You will be advised in writing of the Administrative Review Team decision. If substantiation of any allegation is upheld, you will be advised of your right to administrative appeal, if any.

Attachment: [Assessment of Alleged Child Abuse and Neglect \(SF 113\) \(311\)](#)

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|  INDIANA DEPARTMENT OF CHILD SERVICES | <p style="text-align: center;">INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</p> <p>Appendix M: Notification of Deadline to Reactivate Administrative Review or Appeal Request</p> <p>(Policies 2.2 Administrative Review Process and Policy 2.5 Administrative Review Hearings)</p> |
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Instructions: Use the following language when:

- (1) An alleged perpetrator requested administrative review or appeal prior to 10/1/2010, **AND**
- (2) The request was stayed due to pending criminal charges or pending Child in Need of Services (CHINS) case by a DCS local office or Regional Manager (RM), **AND**
- (3) a denial under Section # of this tool is not applicable, **AND**
- (4) The stay has not yet been lifted and the original request addressed.

See Policies [2.2 Administrative Review Process](#) and [2.5 Administrative Review Hearings](#) for more information.

Date mailed or hand delivered: (*insert date*)

NOTICE OF ASSESSMENT OUTCOME FOR A DEPARTMENT OF CHILD SERVICES (DCS) EMPLOYEE

The Indiana Department of Child Services (DCS) in (*insert local county name*) located at (*insert local county address*) classified allegations as substantiated in assessment (*insert assessment number*) (*legacy number*), approved on (*insert date of approval*) against:

(*Insert name of perpetrator*)
(*Insert address of perpetrator*)


You requested an Administrative Review Appeal to contest the DCS decision to substantiate the allegations. Your request was stayed (placed on hold) because the facts and circumstances of the assessment were being considered in a pending Court action in (*insert the Courts criminal court number or CHINS court number*)

Because the Court may no longer have jurisdiction over the case resulting in the stay of your request, you may now have the right to pursue your original request. To reactivate your request, you must present a copy of this letter with the final Order of the Court to the following DCS office:

(*Insert the local county office name*)
(*Insert the local county office address*)

Your request to reactivate the Administrative Review or Appeal must be submitted in writing within 15 days of the date of this letter. If the Court continues to have jurisdiction over the case listed above, your request to reactivate must be submitted, with the final Court Order, within 15 days of the date the Court ended its jurisdiction over the case.

Attachments: None

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|  INDIANA DEPARTMENT OF CHILD SERVICES | INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY |
| | 2.C Tool: Notifications |
| | Appendix N: Notice of Administrative Review Outcome for a Department of Child Services (DCS) Employee (Policy 2.4 Assessment and Review of DCS Staff Alleged Perpetrators) |

Instructions: Use following an administrative review to notify a DCS employee that that case is being returned for further assessment or the allegations have been unsubstantiated. See [Policy 2.4 Assessment and Review of DCS Staff Alleged Perpetrators for more information](#).

Date mailed or hand delivered: (*insert date*)

NOTICE OF ADMINISTRATIVE REVIEW OUTCOME FOR A DEPARTMENT OF CHILD SERVICES (DCS) EMPLOYEE

The Indiana Department of Child Services (DCS) substantiated allegations of child abuse and/or neglect (CA/N) against you, in assessment (*insert assessment number*), approved on (*Insert date of assessment approval*). A summary of the DCS decision concerning the allegations is attached.

Use the following paragraph after the administrative review (do not use this paragraph if the substantiation is upheld):

This letter is to inform you of the outcome of the Administrative Review Team's administrative review of the decision to substantiate (*insert substantiation type*) against you. The meeting was conducted on (*insert date*). The assessment and any information you submitted were carefully considered. As a result of the review (*check the appropriate box*):

- ☐ DCS is conducting further assessment of the report allegations. You will be notified of the DCS decision when the assessment is complete. During the completion of the assessment, your name will continue to appear on the Child Protection Index (CPI).
- ☐ DCS has decided to unsubstantiate the allegations and remove your name from the Child Protection Index (CPI).

You have no right to administrative appeal.

Attachment: [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) – Approved (including completion of the "Edits Due to Appeal" section)